

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13261

State File No. _____

FILED MAY 4 1953
BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Union</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u> c. LENGTH OF STAY (In this place) <u>4 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBIA</u> d. STREET ADDRESS (If rural, give location) <u>ROUTE 2 - COLUMBIA TP.</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>George</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 53</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MAY 24 - 1884</u>		9. AGE (In years) (If under 1 year: last birthday) (If under 12 mos. Months) (Days) (Hours) (Min.) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Terminal Railroad Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>LOUISVILLE, KENTUCKY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13a. FATHER'S NAME <u>GEORGE MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>MADELINE (UNKNOWN)</u>	
14. NAME OF HUSBAND OR WIFE <u>Sara Martin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-12-4671</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FRANK G. MARTIN</u>		17. ADDRESS <u>COLUMBIA, MO</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction due to</u> <u>to arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-22-1953, to 4-27-1953, that I last saw the deceased alive on 4-26-1953, and that death occurred at 4A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Roland P. Jackson MD</u>		23b. ADDRESS <u>Columbia, Missouri</u>		23c. DATE SIGNED <u>4-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. LEBANON CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service</u>		25. ADDRESS <u>Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 27 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		31	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 4 1931

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

M. W. Whitener

Licensed Embalmer No. *3893*

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.